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# COVER LETTER

## Amendment to Claim

**Application No** 09/862,789

**Applicant** ORHOMURU, SUNDAY

**Examiner** LaShonda T Jacobs

**Art Unit** 2157

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Claim	1

TOTAL PAGES FAX	2
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**This Fax is from:** Sunday Orhomuru

Please if you have any question give me a call.

Here is my phone number 404-499-8533 and my cell phone number is 404-734-7182.

My Email Address is Sunday@Sun-Techs.Net

Thanks

Sunday Orhomuru